
HAZARD REPORT FORM

Use this form to report hazards you identify during the inspection or training session.

☐ **Hazards corrected.**

Correct hazards under your control. Take care of everything you find during the walkaround safety inspection or the safety meeting. If necessary, assign someone you supervise to do it.



Hazard

Person Assigned

Nature of Correction

Date Completed

☐ **Hazards not corrected.**

For hazards not corrected or outside your own control, report immediately to a superior, the general contractor, or safety representative.



Hazard

Referred To

Date

Suggestion for Correction

Signed: _____ Date: _____

**DOCUMENT EVERYTHING
KEEP A COPY FOR YOUR OWN RECORDS**